						OF DEATH		-62-	OTOT	10
AMENDED		H AND WELFAR	43 Prin	mary Registration	District No300)7 Registrar's No.	192.		STATE FILE NU	ABER
			1962							Residence before
					•	11	SOUP .	UNTY BU	tler	admission)
WENT 1	OR	outside corporate l Poplar	Bluff	ISHIP only)	75 Years	C. CITY OR TOWN	Poplar	Bluff		Inside Limits Yes 🗗 No 🗆
	c. FULL N HOSPI INSTIT				Inside Limits Yes 🗖 No 🗆	d. STREET ADDRESS	•		, , , , , , , , , , , , , , , , , , ,	Reside on Farm
			First OC A		Middle	Last DDOUM:	4. DATE OF DEATH	Month	Day	Year 19 6 2
	5. SEX	6. CC		· · · · · · · · · · · · · · · · · · ·			1			IF UNDER 24 HR
	Mal	e Wh	nitr	Widowed	Divorced 🗆			i	~ ~	Hours Min.
8 S	Rayire	ost of working life, e	ven if retired)	1				country) 12		
<u> </u>	13a. FATHER'S	NAME					<u> </u>	AME OF HUS		
				12 6			Nrs.			
	(Yes, no, or u	nknown) (If yes, giv	e war or dates of		OCIAE SECURITI NO.	1	v Brown			aff. Mo.
쪽 j는		E OF DEATH (Enter of	nly one cause per WAS CAUSED BY	line f		1112 5 1 1102	<u>, 22 0</u>	<u> 1 1 0 p</u>	INT	ERVAL BETWEEN SET AND DEATH
				D	eumonia					
APD (Conditions, if any.) DUE TO (b) Cancer of the lung						Ur	nknown	
HIS		which gave rise above cause (a stating the under	to), er-	`			"	<u>. </u>		
g	_		SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEA	TH but not related to	the terminal			was female wa
-	<u>۲</u>			IN PAKII (8)						
≌	CATION	disease	e condition given					· -	 	
DWENIS	NO USE THE CATE OF	disease	CIDENT SUICID	DE HOMICIDE	20ь. DESCRIBE НО	OW INJURY OCCURRED.	(Enter nature of		☐ Yes ☐ N	lo 🔲 Unknow
AMENDMENIS	19. WAS PERFO YES [AUTOPSY 20a. AC ORMED? NO 20 Hour Mon	CIDENT SUICID		206. DESCRIBE HO	OW INJURY OCCURRED.	(Enter nature of		☐ Yes ☐ N	lo 🔲 Unknow
AMENDMENIS	19. WAS PERFOYES (INJUST)	AUTOPSY 20a. AC	CIDENT SUICID	OF INJURY (e.		OW INJURY OCCURRED.		injury in PA	☐ Yes ☐ N	lo 🔲 Unknow
	19. WAS PERFOYES (20c. TIME INJUINATION WHILE W	AUTOPSY 20a. ACORMED? NO 20 OF Hour Mon P.m. P.m. RY OCCURRED LE AT WORK WHILE AT WORK	th, Day, Year 20e. PLACE form,	OF INJURY (e., factory, street, c	g., in or about home, office bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	injury in PA	Yes N	lo Unknowr of item 18.)
READ	19. WAS PERFORM YES (INJUING) 20d. INJUING WHIIN NOT	AUTOPSY ORMED? OF Hour Mon Pr.m. Pr.m. RY OCCURRED LE AT WORK WHILE AT WORK	ih, Day, Year 20e. PLACE farm,	OF INJURY (e. factory, street, c	g., in or about home, office bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	injury in PA	Yes NRT I or PART II	of item 18.)
READ	19. WAS PERFORM YES (INJUING) 20d. INJUING WHIIN NOT	AUTOPSY 20a. AC ORMEO? NO 20 OF Hour Mon RY a.m. p.m. IRY OCCURRED LE AT WORK WHILE AT WORK Indeed the deceased from occurred at	th, Day, Year 20e. PLACE farm, NOVE	OF INJURY (e. factory, street, c	g., in or about home, office bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	injury in PA	Yes NRT I or PART II	STATE
SHOULD READ	19. WAS PERFORM YES E 20c. TIME INJUINATION OF THE PERFORM YES E 20c	AUTOPSY 20a. AC ORMED? NO ST OF Hour Mon Pr. A. M. A.	ith, Day, Year 20e. PLACE farm, Novel	of injury (e. factory, street, comber, 1	9, in or about home, office bldg., etc.) 961, to 5-1	20f. CITY, TOWN, OR 3-62 and the date stated above, a 22b. ADDRESS Poplar	less saw her all not to the best on Bluff,	ive on 5-	Yes NRT I or PART II COUNTY 13-62 dge, from the ca	STATE Uses stated. 22c. DATE SIGNEE 5-16-62
SHOULD READ	19. WAS PERFORMED TO THE PERFORMED TO TH	AUTOPSY 20e. AC ORMEO? NO 20 OF Hour Mon P.m. RY OCCURRED LE AT WORK WHILE AT WORK Indeed the deceased froccurred at Concurred a	20e. PLACE farm, Nover 2: 15/62	mber, 1 00 A.	g., in or about home, office bidg., etc.) 961, to 5-1 M. m on the specific or creating the spe	20f. CITY, TOWN, OR 3-62 and the date stated above, a 22b. ADDRESS Poplar EMATORY 2	less saw her him all not to the best on Bluff, God, Location of Poplar	injury in PA ive on 5- f my knowled Mo. City town of Bluff	PART II OUNTY -13-62 Ige, from the car of county is serviced in the ca	STATE STATE Uses stated. 22c. DATE SIGNED 5-16-62
SHOULD READ	20d. INJUI 20d. INJUI 20d. INJUI 20d. INJUI 21. after Death 22a. SIGN 23a. BURIAL REMOJA. 24. FUNERAL	AUTOPSY 20a. ACORMED? NO EN Mon RY a.m. p.m. IRY OCCURRED LE AT WORK WHILE AT WORK conded the deceased fro occurred at CREMATION 238. To	ith, Day, Year 20e. PLACE farm, Movel 2: 15/62	mber, 1 00 A. pree or title TS 23ct NRM Cit	g., in or about home, office bidg., etc.) 961, to 5-1 M. m on the specific property of the spe	20f. CITY, TOWN, OR 3-62 he date stated above, a 22b. ADDRESS Poplar EMATORY 2 TE RECD. BY LOCAL RE	less saw her him all not to the best on Bluff, God, Location of Poplar	ive on 5-	PART II OUNTY -13-62 Ige, from the car of county is serviced in the ca	STATE Uses stated. 22c. DATE SIGNED 5-16-62
	INSTEAD OF DOCUMENT	Registration C I. PLACE OF B. COUNT B. CITY (OR TOWN C. FULL N HOSPI INSTIT 3. NAME OF (Type or) 10a. USUAL O Registration C FULL N HOSPI INSTIT 13a. FATHER'S JE 15. WAS DEC (Yes, no. or un 18. CAUS	AMENDED Registration District No. I. PLACE OF DEATH AV 2 8 a. COUNTY BU b. CITY (If outside corporate If OR POPLAR C. FULL NAME OF (If NOT In HOSPITAL OR INSTITUTION 102 3. NAME OF DECEASED (Type or print) 5. SEX 6. CO Male Wh 10a. USUAL OCCUPATION (Give kin Adult Producting life, et al. In Tod Months of It yes, give NO 13a. FATHER'S NAME Jesse Brown 15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes, give NO 18. CAUSE OF DEATH (Enter or PART I. DEATH IMM Conditions, if any which gave rise is above cause (a stating the under stating the und	Registration District No. 43 Print Place of Death AV 28 1962 a. COUNTY Butler b. City (if outside corporate limits, give TOWN Poplar Bluff c. FULL NAME OF (if NOT in hospital, give lock Hospital or INSTITUTION 1024 Stell 3. NAME OF DECEASED First (Type or print) OEA 5. SEX 6. COLOR OR RACE Male Whitr 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. FATHER'S NAME JESSE BROWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no., or unknown) (If yes, give war or dates of NO) 18. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED by IMMEDIATE CAUSE (a), stating the underlying cause last.) Conditions, if any, which gave rise to above cause (d), stating the underlying cause last.) DUE TO	AMENDED Registration District No. Primary Registration Primary Registration District No. Primary Registration District No. Primary Registration Primary Registration District No. Primary Registration Primary Registration District No. Primary Registration District No. Primary Registration District No. Primary Registration District No. Public Primary Registration District No. Primary Registration District No. Public Primary Registration District No. Primary Registration	AMENDED Registration District No. Place of Deam AY 2 8 1962 a. COUNTY Butler b. CITY (if outside corporate limits, give TOWNSHIP only) TOWN Poplar Bluff c. FULL NAME OF (if NOT in hospital, give location) HOSPITALOR INSTITUTION 1024 Stella St. 3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE Male TOB. USUAL OCCUPATION (Give kind of work done Railroad 10a. ISUAL OCCUPATION (Give kind of work done Railroad 13a. FATHER'S NAME JESSE Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 18. CAUSE OF DEATH (Enter only one cause per line of PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Preumonia	AMENDED Registration District No. Registration No. Registration District No. Registration District No. Registration District No. State Mis State Mis C. CITY OR TOWN POPLAR Bluff 75 Years TOWN ON C. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1024 Stella St. Registration District No. Registration Distric	AMENDED Plate of Deam AT 2 8 1962 2. USUAL RESIDENCE: (Where dece a. State Missouris. co.)	AMENDED Registration District No. Registration	AMENDED Septimenon District No. Registration No. Registration District No. Registration No.

2961 63 10W

STATEMENT BY LICENSED EMBALMER

If this body is not embalmed, fact should be so stated above.

or by	, Student Embalmer No
vorking under my personal supervision.	En 1412 PM
itudent	Signed Odfaw Wilaffaaw
Signature of Student Embalmer	
	Licensed Embalmer No. 3394
	N. DO. 160 0010
	P. O. Address Affill Wiff.
	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply